

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023137

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 54

STATE FILE NUMBER

FILED JUL 15 1963

## 1. PLACE OF DEATH

a. COUNTY Barton

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Lamar

Length of stay in 1b  
2 1/2 Hrs

c. FULL NAME OF (IF NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Memorial Hospital

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Barton

c. CITY OR TOWN Lamar

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
306 W. 11th St.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First Middle Last  
KEVIN GENE WILSON

5. SEX  
Male

6. COLOR OR RACE  
W

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
7-7-1963

9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.  
1 hour 40

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
None

10b. KIND OF BUSINESS OR INDUSTRY  
None

11. BIRTHPLACE (City and state or country)  
Lamar, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

## 13a. FATHER'S NAME

Lonnie Wilson

## 13b. MOTHER'S MAIDEN NAME

Helen Beavers

## 14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
Mr Lonnie Wilson, Lamar, Missouri

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Cachexia

INTERVAL BETWEEN ONSET AND DEATH  
Sudden

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

Prematurity & Breech

#### DUE TO (c)

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: COUNTY STATE

21. I attended the deceased from 7:06 am to 8:46 am and last saw her live on 7-7-63  
Death occurred at 8:46 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Herbert M. Arnold M.D.

## 22b. ADDRESS

Lamar, Mo.

## 22c. DATE SIGNED

7-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) (State)

Burial

July 8, 1963

St. James Cemetery

Barton County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Bruce-Konantz Funeral Home, Lamar, Mo.

7-9-1963

Marie Konantz

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS-300  
Rev. 4/59

10061

20061

3

4 0

5 0

6

7 0

8 2

9 7615

10

11

12 1-0

13 2-0

1200  
1200

0  
0  
0  
2.10

0-1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Norman L. Thompson

Not Embalmed

Licensed Embalmer No. 4816

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.